

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR **USE** WITH FORM PTO-875)

SERIAL NO.

10/532062

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
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42		1				
43	1		1			
44		1				
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48						
49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		41	←		←
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						